

**FEC  
FORM 3**

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE

14 JUL 21 PM 1:50

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

Friends of Hillary

ADDRESS (number and street)

1900 M Street NW

Suite 500

Check if different  
than previously  
reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

C C00358895

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORT

X

NEW  
(N)

OR

AMENDED  
(A)

NY

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

X

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the  
State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the  
State of

5. Covering Period

M M  
04D D  
01Y Y  
2014

through

M M  
06D D  
30Y Y  
2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Shelly R Moskwa

Signature of Treasurer Shelly R Moskwa



Date

M M  
07D D  
15Y Y  
2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only
**FEC FORM 3**  
(Revised 02/2003)